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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Paraguay

Proposed UNFPA assistance: $5.5 million, $3.0 million from regular resources and $2.5 million from multi-bilateral and/or regular resources

Programme period: 5 years (1998 - 2002)

Cycle of assistance: Fourth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	$2.3	$2.0	$4.3
Population & development strategies	.4	.5	.9
Programme coordination & assistance	.3	-	.3
Total	3.0	2.5	5.5

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PARAGUAY

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	66.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	48.0	≥55
Access to basic health services (%)[3]	63.0	≥60
Infant mortality rate (/1000)[4]	38	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	86.5	≥75
Adult female literacy rate(%)[7]	88.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. *Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	4,828	Annual population growth rate (%)	2.59
Population in year 2000 (000)	5,496	Urban	3.90
Sex ratio (/100 females)	101.6	Rural	1.04
Per cent urban	53	Crude birth rate (/1000)	31.3
Age distribution (%)		Crude death rate (/1000)	5.4
Ages 0-14	41.6	Net migration rate (/1000)	0.0
Youth (15-24)	18.8	Total fertility rate (woman)	4.17
Ages 60+	5.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	47.8	Males	67.5
Median age (years)	19.2	Females	72.0
Population density (/sq. km.)	12	Both sexes	69.7
		GNP per capita (U.S. dollars, 1994)	1,570

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Paraguay in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, of which $3 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. Part of this amount may be obtained through cost-sharing arrangements with the Government. This would be UNFPA's fourth programme of assistance in Paraguay.

2. The proposed programme has been developed in accordance with the findings and recommendations of the UNFPA programme review and strategy development (PRSD) exercise that included a visit to Paraguay in March 1997. The findings and recommendations of this exercise have been fully subscribed to by the Government. It is harmonized with the programming cycles of UNDP and will be implemented in close coordination with UNICEF.

3. The main goal of the proposed programme is to contribute to the improvement of the quality of life of the people of Paraguay through better reproductive health and better management of population and other resources for sustainable development. Paraguay is classified a category "B" country under UNFPA's system of resource allocation. Thus, the proposed programme will focus on two programme areas in which the country has the greatest needs. Programme outputs will be delivered in the framework of two subprogrammes designed to ensure complementarity of programme components and coordination with other donors. The main part of the resources for the proposed programme (72 per cent) will be devoted to the reproductive health subprogramme with 55 per cent of the total going to improve services and provide contraceptives and 45 per cent for information, education and communication (IEC) and advocacy activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. In 1992 the population of Paraguay was 4.2 million. The United Nations estimates an annual growth rate of 2.6 per cent while national sources estimate the growth at 3.2 per cent a year. The country's population in 1995 was 4.8 million, in 2000 it is expected to exceed 5.5 million and in 2025 it is estimated to be 9.3 million. Fertility remains high at 4.2 children per woman (5.3 in the rural areas, 3.4 in urban areas and 2.8 in the capital, Asunción). Ninety-seven per cent of the population of Paraguay live in 40 per cent of the territory (the Oriental region). Asunción and its metropolitan area and three eastern urban centers contain 68 per cent of the urban population and 35 per cent of the country's total population. The urban growth rate is high -- almost three times that of rural areas (3.67 per cent and 1.37 per cent, respectively). Economic growth in the last five years has been lower than demographic growth, and both urban and rural poverty have increased dramatically. The current per capita gross domestic product (GDP) is estimated at $1,500 annually, but its distribution is highly inequitable. Peasants and small farms represent 300,000 families with only marginal contact with the market economy and precarious tenancy of the land they farm. These problems lead to social tension and sporadic unrest that could jeopardize recent advances in terms of democratization, governability and civil rights.

6. Despite the significant decline in infant mortality over the last 20 years, its level is still high (43.3 per 1,000 according to the National Statistical Office). Maternal mortality is also high at 300 per 100,000 live births, according to United Nations estimates. Utilization of prenatal care is higher among urban women (94.5 per cent) than rural women (83.9 per cent). Most childbirths (42 per cent) occur in the public health care centres, followed by births at home (40.8 per cent) and in private hospitals and clinics (13.5 per cent). Recent statistics reveal that 64 per cent of Paraguayan households lack one or more basic services (quality housing, sanitary infrastructure, access to education and nutrition).

7. Contraceptive prevalence in Paraguay has increased in the last decade, reaching half of the women of reproductive age (50.5 per cent). The urban contraceptive prevalence rate is 56.5 per cent, and in rural areas it is 45 per cent. The total fertility rate (4.17) is higher than in other countries with similar contraceptive prevalence rates. The highest levels in the use of contraceptives are of women with secondary or higher education: 64 per cent, compared to 32 per cent among women with no education. The use of traditional or unreliable contraceptive methods is very high (15 per cent). Two thirds of rural women lack access to efficient contraceptive methods. Nearly 75 per cent of contraceptive users obtain their supplies from the private sector (50 per cent buying directly from pharmacies). Although no adequate data are available, the experience of obstetrical and gynaecological hospital services reveals a high prevalence of abortion. Adolescent fertility is the highest in the region and has been increasing (109 births per 1,000 girls 15-19 per year: 82 per 1,000 for urban girls, 142 per 1,000 girls in rural areas and 256 per 1,000 for girls with 0-2 years of education).

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8. UNFPA assistance to Paraguay started in 1972, when several projects were approved. In 1978, the Governing Council approved the first programme of assistance that provided $6 million for the period 1979-1982, which was subsequently extended through the end of 1987. The second programme, 1988-1992, amounted to $3.1 million. The third programme, 1993-1997, in the amount of $5 million ($2.5 million from regular resources), will have expended $4.3 million by the end of 1997. A total of 57 per cent of the expenditures of this programme went for reproductive health activities. The preparations for and follow-up to the ICPD significantly increased the country's absorptive capacity. This is reflected in the fact that in 1995 programme expenditures reached $1.3 million while total expenditures for 1993 and 1994 had only been $1.5 million.

Proposed programme

9. The purposes of the proposed programme are to reinforce the national capacity to deliver quality reproductive health and family planning services, including helping to prevent unwanted pregnancies among adolescents, and will strengthen the Government's capacity to incorporate population issues into the country's development agenda. Activities under the proposed programme would be included in two subprogrammes: one for activities in the area of reproductive health and the other concerning population and development strategies. The proposed programme will take account of lessons learned during the previous programme and will focus on areas in which the Fund perceives that it has a comparative advantage, including developing the capacities for managing reproductive health programmes both nationally and at decentralized levels of government.

10. Reproductive health. One of the main lessons learned from past UNFPA assistance is the need to foster a supportive climate in Paraguay in favour of reproductive health and reproductive rights. The National Committee on Population that prepared the participation of Paraguay in the ICPD has substantially contributed to a greater national understanding of these issues. In 1994, the National Reproductive Health Council (NRHC) was instituted by law, and other legal and institutional measures have been taken to strengthen reproductive and sexual rights and to promote gender equity and equality. The proposed programme will assist the NRHC in building up its capacity to mobilize support from other social actors, such as parliamentarians, religious groups, the armed forces, journalists and private enterprises.

11. The proposed programme will continue to build on past experience by fostering social recognition of reproductive health problems, particularly of the needs of adolescents, by working with non-governmental organizations (NGOs) in advocating in favour of gender and reproductive health issues, supporting media coverage of problems affecting adolescents and promoting the organization of a network of journalists and communicators on reproductive health and population issues. Women's NGOs, with UNFPA's support, have played an important role in this process and also in starting to operationalize the ICPD Programme of Action. Special events organized for

parliamentarians, members of the Constitution Drafting Committee, political leaders, professional associations, and media representatives played an important role in changing perceptions, bringing about advanced gender-sensitive legislation and the constitutional recognition of reproductive and sexual rights.

12. The Ministry of Health was UNFPA's counterpart for the implementation of the reproductive health component of the last UNFPA country programme. The Ministry led the promotion of the ICPD reproductive-health concept and the adoption of a National Reproductive Health Plan (NRHP) in 1996. The law creating the National Health System, passed in 1996, transfers resources and responsibilities to decentralized layers of government and establishes district and departmental health councils. The law foresees the participation of different sectors, including women's organizations and community representatives, in the implementation of health plans. Under the law, the Ministry of Health remains responsible for developing service standards and ensuring compliance.

13. At present, the decentralization process in Paraguay is hindered by limited management capacity and by the weak understanding of the reproductive health approach at local levels. The new UNFPA programme will strengthen the national capacity to manage reproductive health programmes at both national and sub-national levels. At the national level, the Fund will assist in developing reproductive health norms and guidelines as well as regional reproductive health plans based on them. In this area, the main focus of the UNFPA country programme will be the development of human resources to improve the quality of services and to involve the community and local governments in the implementation of reproductive health plans at the district level. The programme will also support the expansion of reproductive health within the health services provided by the armed forces, which cover about 12 per cent of the country's population.

14. During the past programme cycle, UNFPA assisted in carrying out educational reforms that incorporated population education into school curricula, produced didactic materials and trained teachers. Some of these efforts have been rendered ineffective because teachers were troubled by the contents of family life and sex education courses. To encourage actual implementation of the curricula, the proposed programme will develop demonstrative experiences and additional training for communities and families in order to increase the acceptance of these themes and to make teachers more comfortable and familiar with the messages. Small initiatives developed by the past country programme in cooperation with the Ministry of Agriculture and NGOs to incorporate health education into the agricultural extension services and to develop community education proved useful as ways of reaching adolescents. Therefore, the new UNFPA country programme will expand these experiences and work with the Vice-Ministry for Youth Affairs, the Social Welfare Department of the Ministry of Health, institutions related to the Catholic Church, Secretariats for Youth Affairs at the municipal level, and youth organizations to establish interdisciplinary teams and carry out participatory educational activities designed to reach parents, teachers, local leaders and local health

and education personnel. In this effort, UNFPA will also incorporate successful experiences from other countries in Latin America.

15. Pharmacies are the main source of contraceptives supply in Paraguay (50 per cent of users). This positive role of the private sector is jeopardized by the inability of shop attendants to provide orientation on contraceptive use, and this may be associated with the frequency of method failure. The new UNFPA country programme will improve information given to clients on the use of contraceptives sold directly by pharmacies. It will also support training of salespersons on contraceptive use and counter-indications and on recognizing critical situations when medical advice should be sought. This work will start in selected urban centres and then will be replicated in other areas after proper evaluation.

16. The logistics, information and management issues associated with the distribution of contraceptives remain serious problems. Currently, UNFPA and the United States Agency for International Development (USAID) provide most of the contraceptives not commercialized through the private sector. UNFPA supplies about 17 per cent of contraceptives distributed by the Ministry of Health, while USAID, in addition to contraceptives, provides technical assistance for logistic and management information systems. UNFPA has coordinated with USAID to ensure that appropriate training is provided once the system is fully developed. The Government recognizes the need for a sustainable supply of commodities and has allocated funds to that end. The Ministry of Health has prepared budget proposals that include such supplies. The World Bank and the Interamerican Development Bank (IDB) have been requested to make provisions for contraceptive supply in the areas where their programmes are centred. Nevertheless, the next UNFPA country programme will have to provide contraceptives, in coordination with other donors, until the Government is able to take over the supply of those commodities.

17. Population and development strategies. The availability and utilization of population data have increased significantly over the last few years, but links between population and development are still inadequately understood in Paraguay. UNFPA supported the processing and analysis of the 1992 population census. Several studies carried out on demographic variables, poverty, gender, the status of indigenous populations, and population projections demonstrate that institutional capacities to produce data and undertake analysis increased during the previous programme. These studies played an important role in increasing awareness among political leaders and the civil society on the role of population trends vis-à-vis the challenges facing the country in achieving sustainable development and higher living standards. Decentralization has significantly expanded the demand for professionals with an understanding of demography and population analysis, but human resources are still insufficient to meet those needs. The UNFPA country programme will strengthen national capacity to produce and analyse population data and projections needed for the formulation of sustainable development strategies by training professionals and providing technical assistance to relevant institutions.

18. The proposed programme will also provide technical assistance to produce population projections, analysis, medium- and long-term scenarios on population and sustainable development, to introduce population contents into relevant undergraduate courses and to promote interaction among professionals of different disciplines for a better understanding of population issues. South-South cooperation will be promoted by facilitating the participation of national professionals in graduate training programmes conducted in Brazil, Chile and Argentina in the context of MERCOSUR cooperation and stimulating professional contacts between institutions and individuals from different countries in the region. Cooperation with other countries will also be sought to develop models and methodologies for the formulation of population and development scenarios.

19. Based on the past positive experiences that the Fund has had in cooperating with the National Women's Secretariat and women's NGOs, the proposed programme will continue to cooperate with these organizations in their efforts to promote better understanding of the impact of gender inequality on the well-being of the Paraguayan people, particularly in relation to the population and reproductive health issues faced by the country. These will be incorporated into a vision for Paraguay in the 21st century that will help to increase the legitimacy of population, reproductive health and gender concerns and will improve strategies to achieve sustainable development.

Programme management and coordination

20. The assistance of the World Bank, IDB, European Union and USAID is concentrated in a number of regions. Some projects follow the traditional approach of maternal and child health or focus only on certain components of reproductive health. UNFPA has conducted consultations with other donors and the general understanding is that it would not be productive to geographically fragment external assistance further. UNFPA will support the Government, and particularly the Technical Secretariat on Planning in the President's Office, to facilitate improved coordination between agencies and within the Government, thus optimizing the use of resources. UNFPA will complement other donors, focusing on increasing the capacity of communities and individuals to demand and use quality reproductive health services.

21. Within UNFPA-supported activities, the programme approach needs to be strengthened. During the 1993-1997 programme there were cases of projects implemented autonomously, without enough coordination with other components of the country programme. At the same time, technical support staff within the projects could have been used more efficiently had they been recruited to provide technical assistance across the programme rather than within the context of one individual project. Programme management and coordination will be strengthened through technical assistance in the context of a programme support project. A technical support team at the country level will enhance the Government's coordination of external assistance. It will be complemented with technical support from the UNFPA Country Support Team headquartered in Santiago, Chile.

Programme management, monitoring and evaluation

22. All activities under the proposed programme will have built-in monitoring and evaluation components, and innovative projects, in particular, will be subject to independent evaluations at appropriate stages. Programme monitoring and financial execution will be carried out according to UNFPA procedures. A programme mid-term review is planned for 2000.

23. The programme will be executed by the Government and monitored by the non-resident UNFPA Representative. Day-to-day activities will be managed by the UNFPA office in Paraguay, as part of the United Nations Resident Coordinator system, complemented by programme support staff for reproductive health and gender areas. UNFPA and the Technical Secretariat on Planning in the President's Office will participate in a Programme Coordination and Management Committee (PCMC) composed of the project directors and coordinators. A National Technical Support Team will be established, and its workplan will be determined by the PCMC and supervised by UNFPA and the Technical Secretariat on Planning. The UNFPA Country Support Team will provide technical backstopping and contribute to strengthening the NTST.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Paraguay as presented, in the amount of $5 million over the period 1998-2002, $3 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral and/or other, including regular, sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of China

Proposed UNFPA assistance: $20 million from regular resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	20	- -	20

CHINA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	95.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	83.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	44.0	≤50
Maternal mortality rate (/100,000)[5]	95.0	≤100
Gross female enrolment rate at primary level (%)[6]	80.7	≥75
Adult female literacy rate(%)[7]	68.1	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*1,220,224*
Population in year 2000 (000)	*1,276,301*
Sex ratio (/100 females)	*106.3*
Per cent urban	*31.0*
Age distribution (%)	
Ages 0-14	*26.3*
Youth (15-24)	*18.1*
Ages 60+	*9.3*
Percentage of women aged 15-49	*56.6*
Median age (years)	*27.6*
Population density (/sq. km.)	*127*
Annual population growth rate (%)	*0.90*
Urban	*3.45*
Rural	*-.32*
Crude birth rate (/1000)	*16.2*
Crude death rate (/1000)	*7.1*
Net migration rate (/1000)	*-0.1*
Total fertility rate (woman)	*1.80*
Life expectancy at birth (years)	
Males	*68.2*
Females	*71.7*
Both sexes	*69.9*
GNP per capita (U.S. dollars, 1994)	*530*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects, the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects, the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support the People's Republic of China through a four-year programme of assistance (1997-2000). The main focus will be on reproductive health, including family planning and sexual health, hereafter referred to as reproductive health. An amount of $20 million is proposed from UNFPA's regular resources to the extent such resources are available. The proposed programme is concurrent with the ninth five-year plan for socio-economic development of the Government of China and will be synchronized with the sixth five-year programme of UNICEF and the fifth programme of UNDP.

2. This will be UNFPA's fourth programme of assistance to China, and it has been designed in close consultation with the Government of China. The experiences of other United Nations organizations (UNDP, UNICEF, WHO, UNESCO and WFP), bilateral and multilateral donors, as well as several national and international non-governmental organizations (NGOs) operating in China, have been reviewed and taken into account in the proposed programme. A number of technical consultations have been undertaken in connection with the development of the programme including missions from UNFPA headquarters and UNFPA Country Support Teams. The proposed programme takes into account the Programme of Action of the International Conference on Population and Development (ICPD), as well as lessons learned during UNFPA's experience in China.

3. In the past two decades China has considerably reduced population growth through its national family planning programme and other development efforts. Population issues have been accorded high political commitment and resources at all levels and continue to be a priority for the Government. Today, China appears to have met the threshold levels for all the ICPD indicators outlined in Executive Board decision 96/15 governing the allocation of UNFPA resources; it is therefore classified as a group "C" country. Within China, however, there are great socio-economic disparities, especially between urban and rural areas in terms of income and access to and availability of social services including health care, particularly reproductive health care. The proposed programme of UNFPA cooperation with China will seek to assist the Government in addressing these challenges.

4. The purpose of the programme is to implement the people-centred approach agreed to at ICPD by assisting in making quality client-oriented services available to Chinese men and women on a voluntary basis; specifically, the four-year programme will develop client-oriented reproductive health service delivery modalities in selected counties from which lessons can be drawn for application at the national level. These efforts will be reinforced and complemented by programmatic activities aimed at creating an enabling environment in terms of women's empowerment, advocacy and South-South collaboration in reproductive health.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. China's annual population growth rate declined from 2.2 per cent in the early 1970s to 1.1 per cent for the period 1990-1995. In the same period the total fertility rate fell from nearly 4.8 to around 2.0 (just below replacement level). Still, roughly 13 million people are added to China's population every year. The population is expected to stabilize at around 1.6 billion people by the middle of the next century provided the efforts of China's population programme are maintained.

7. In the period since the national family planning programme was first implemented in 1979, the contraceptive prevalence rate has been reported to have reached as high as 83 per cent. Long-term and irreversible methods are predominant, e.g., intra-uterine devices (IUDs) account for 33 per cent and female sterilization accounts for 34 per cent of contraceptive usage. The onus of contraceptive use, as in many other places, falls largely on women.

8. Population factors have been integrated into socio-economic development planning in China, stemming from the Government's conviction that economic growth, population growth and sustainable development are closely linked. Since the early 1980s, the tenets of the national population policy have been delayed marriage, fewer births and longer spacing between births. The goal of the policy is keeping the annual population growth rate below 1.25 per cent per year for the period 1995-2000 and maintaining the total fertility rate at replacement level, in line with the recommendations from the Bali Regional Conference on Population and Development.

9. Economic reforms in China over the last two decades have resulted in rapid economic growth. Nonetheless, more than 65 million Chinese continue to live in poverty (mainly people living in remote and inaccessible areas). Some regional disparities have been exacerbated by social and economic reforms. Development in rural areas has been lagging behind that of urban areas and the eastern provinces. Agricultural reforms have released a great labour surplus, estimated to be as many as 150 million people. A large number of these people, up to 100 million, have migrated to cities or the eastern provinces seeking employment opportunities.

10 Economic reform has been coupled with the decentralization of the provision of social welfare services including health care. Local and provincial governments are now responsible for funding health care to a greater extent than in the past. As a result, reproductive health is under-funded in some regions. This means that reproductive health services are limited in the less developed areas of the country. Improving the role and status of women has made less progress in these areas, and typically women do not have equal access to education, employment, health care and other social benefits. In major cities, the maternal mortality rate is comparable to those of developed countries, whereas in some rural areas it is reportedly as high as 400 to 700 deaths per 100,000 live births. There are insufficient data, however, to get a clear overall picture of maternal mortality and morbidity as well as of the presence of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs). There are indications that the prevalence rates of RTIs are very high and that STD

prevalence has also increased in recent years. Awareness of STDs and RTIs as a health problem is low, and China is facing the risk of the extensive spread of HIV/AIDS, although HIV infection is not widespread at present. Furthermore, up to now, reproductive health services are not readily available for adolescents.

11. Changes are gradually taking place in the organization and modes in which family planning services are provided reflecting the aforementioned economic and social changes. Emphasis has been given to the integration of family planning with women's empowerment and family livelihood projects, and such schemes are now being promoted nation-wide. Despite these advances, the concepts of reproductive health and quality of care are still relatively new in China. Improving client-oriented reproductive health services presents a major challenge to the Government since it requires profound changes in management, training, service delivery systems, monitoring and evaluation.

Previous UNFPA assistance

12. UNFPA's collaboration in China started in 1979. The first country programme (1981-1984) and second country programme (1985-1989) were each in the amount of $50 million. The third programme (1990-1995) was in the amount of $57 million. UNFPA's presence in China has contributed positively to the quality of services and women's health, and facilitated contacts and exchange with other countries and international expertise. The choice and quality of contraceptives has improved; research has confirmed the economic and health benefits of converting to copper IUDs and a policy decision to stop production of the common stainless steel rings; gender and population development projects have empowered women and contributed to present policies in integrating the family planning programme with socio-economic empowerment of women; integrated MCH/FP projects have contributed to a reduction in maternal mortality and abortion; and demographic training of Chinese abroad and the establishment and strengthening of demographic training and research centres at 22 universities have improved national capacity and helped in stimulating scientific discussions on policy options.

13. In its third programme of assistance to China from 1990 to 1995, UNFPA provided $57 million to support a broad range of population activities. Given UNFPA's relatively small contribution in the context of China's total programme, UNFPA assistance focused on capacity-building and on innovative interventions with clear demonstration effects. Models developed by UNFPA are now in use across China. A key component of the programme was strengthening MCH/FP services at the grass-roots level in 305 poor counties. This was carried out jointly with UNICEF, integrating family planning with MCH services, backstopped by WHO. Due to its success in the integration of these services, the World Bank adopted the model and expanded it to 285 additional counties.

14. Women, population and development schemes were also supported in 38 counties. These projects, in addition to promoting the status of women, promoted health, literacy, family planning and

community participation by women. In the women, population and development (WPD) projects, it was found that horizontal project coordinating bodies, circumventing several layers of bureaucracy, increased the relevance and responsiveness of the projects.

15. In its past programmes, the Fund provided assistance for increasing the production capacity and quality of contraceptives, which, coupled with research, contributed to the phasing out of the steel-ring IUD for the safer copper-T IUD and the expansion of contraceptive choice. The Fund continued its support to family planning research institutes in collaboration with WHO. Support was also provided for capacity-building in national demographic institutes and for increasing the capabilities of national demographic research institutes. Both types of institutions have now reached a maturity that will make them useful adjuncts to the proposed programme. Previous UNFPA assistance also supported information, education and communication (IEC) activities, especially those aimed at improving the counseling skills and knowledge of village workers on contraceptive methods and usage. This contributed significantly to improving the quality of services. UNFPA's projects (with UNESCO's technical collaboration) also pioneered population education in rural or remote areas. In view of their success, these activities have been replicated far beyond the original schools, and sex education has been instituted by the Chinese in many schools.

16. The commitment of the county governments, community involvement and coordination were found to be key factors in the successful implementation of project activities at county level. An important element of this approach included focused and participatory training for governors and vice-governors. An innovative feature that was also adopted was an inter-county evaluation mechanism, whereby county governors evaluated each other's project performance according to pre-determined performance criteria. This mechanism encouraged the replication and expansion of successful activities to neighbouring areas. Most provinces would subsequently use their own funds to replicate key activities in non-project counties thus indicating that the intended demonstration effects had been achieved.

17. Another lesson learned from the previous programme of assistance was that enhancing the interpersonal communication skills of service providers was a key input to successful service delivery, building trust between provider and client. The experiences gained in the training of grass-roots family planning workers in these skills should be utilized in the new programme, particularly with respect to quality-of-care issues.

18. Advanced training programmes by leading Chinese institutions could have been utilized to a greater extent in providing efficient and cost-effective training and in encouraging technical cooperation between developing countries (South-South cooperation). Chinese NGOs, such as the China Family Planning Association (CFPA) and the All China Women's Federation, through their experience in reproductive health and women's issues respectively, can play an instrumental role in project implementation, monitoring and evaluation. Similarly, some women's NGOs have developed experience in action-oriented research and awareness creation in areas relevant to the programme.

Other external assistance

19. The World Bank currently has seven major on-going projects in the health sector in China totaling $700 million. These include a project financing the expansion of MCH services to an additional 282 counties, based on the model supported by UNFPA/UNICEF in 305 counties. A new World Bank project for $70 million, for the provision of basic health services in poor rural areas, has an MCH component. A UNAIDS office was established in Beijing in 1997. The United Nations and the Government will organize a conference in 1997 to raise financial and technical support for the Chinese HIV/AIDS control programme. Donors, including UNDP, WHO, UNICEF, the World Bank and the European Union, have committed $17.4 million to support Chinese efforts to address the HIV/AIDS problem. UNDP's fifth Country Cooperation Framework for China (1996-2000), approved in September 1996, includes components to improve basic education and health, address women's issues and promote sustainable development. The resource mobilization target for this period is $197 million.

20. Some bilateral donors, notably Canada and Australia, support MCH/FP in a small number of counties. Some international NGOs (The Ford Foundation, International Planned Parenthood Federation, the Japanese Organization for International Cooperation in Family Planning, Inc., Medecins Sans Frontières, Save the Children and The Rockefeller Foundation) are active at the county level, either in service provision, IEC, or in research and training. Based on the idea of complementarity and the notion that health issues, and particularly reproductive health issues, do not exist in isolation from the larger context of development, UNFPA will strive to ensure coordination of reproductive health activities with ongoing and planned social sector initiatives, especially those in the areas of poverty alleviation and women's empowerment.

Proposed programme

21. The overall goal of the proposed programme is to assist the Government of China in implementing the ICPD Programme of Action in the area of reproductive health and women's empowerment, specifically to meet the unmet needs for comprehensive and integrated client-centred reproductive health services. The long-term objective is thus to contribute to making comprehensive quality reproductive health services available to Chinese men and women on a voluntary basis and in line with the principles, approaches and recommendations of the ICPD Programme of Action.

22. During its four-year period, the proposed programme aims to develop comprehensive client-centred reproductive health service delivery modalities in selected counties from which lessons can be drawn for application at the national level. The programme strategy will be an incremental one in the sense that it will concentrate on strengthening and refocusing the service delivery programmes of existing institutions and service delivery points towards the provision of broader and more-client

centred reproductive health services based on the principle of free and responsible choice. This will be accomplished by building on the experience of previous programmes, enhancing institutional cooperation, improving quality and choice by adding new components to existing services. The new components will be in such areas as interpersonal counseling on the benefits and side effects of different contraceptive methods; availability of a broad range of family planning methods; informed consent; prevention, diagnosis and treatment of RTIs and STDs; and improvement of infection control in all reproductive health procedures. This main programme strategy of strengthening reproductive health service delivery will be reinforced and complemented by activities aimed at creating an enabling environment towards achieving reproductive health goals, namely: (a) women's empowerment, (b) advocacy and (c) South-South collaboration in reproductive health. These interrelated programme areas are described below.

23. Thirty-two counties have hence been selected for UNFPA activities during the proposed programme. They have been chosen on the basis of unmet reproductive health needs, commitment of local authorities to the implementation of the ICPD Programme of Action, agreement to provide adequate institutional support including finance and services, as well as on their broad representation of various cultural, socio-economic and geographical areas of China.

24. In addition to working directly at the county level, the programme will provide support at the central level to the State Family Planning Commission (SFPC) and the Ministry of Health for the development and revision of standard service delivery protocols for a broad range of reproductive health services as well as for the revision, modification and development of in-service training materials designed to improve clinical and interpersonal counseling skills and basic IEC materials. Technical assistance will also be given to the State Pharmaceutical Administration (SPAC) for improved contraceptive quality assurance management.

25. At county level the proposed programme will work with the existing reproductive health service delivery institutions at the field level -- SFPC, Ministry of Health and CFPA -- by training field staff health professionals in technical and clinical skills, counseling and management. The status of equipment, drugs and contraceptives that are required to provide a broader range of reproductive health services will be assessed in accordance with the requirements of the new standard service delivery protocols, and necessary requirements will be provided for through the programme. Strengthening reproductive health management capacity at the county, township and village level is pivotal for the improved delivery of client-oriented services. To achieve this goal, training and workshops will be supported to introduce up-to-date management techniques and concepts. Support will be provided to develop indicators and monitoring mechanisms to assess quality-of-care and to improve the current management information and supervisory systems. The programme will also provide support for the revision and modification of IEC materials so that they address broad reproductive health aspects through a client-centred approach.

26. The revision of IEC materials will include design and implementation of programmes for

adolescents to help them understand their sexuality and promote responsible reproductive behaviour. In addition, the programme will attempt to improve reproductive health through introducing approaches that are innovative in the Chinese context. This will include establishing, on a pilot basis, service delivery of reproductive health in cities specifically designed for urban adolescents. IEC materials will also be developed for this audience. Another innovation, not specifically addressed to adolescents, will be the social marketing of contraceptives, especially condoms in urban areas.

27. Gauging the reproductive health status of the 32 selected counties and monitoring demand and use of services and improvements in health status will be the key to assessing the impact of the programme as well as drawing lessons that can be used in refocusing and improving service delivery on a national level. This will be done through conducting a baseline and end-of project reproductive health study (including a survey as well as studies to obtain information on the prevalence rates of STDs. In addition, knowledge, attitude, practice (KAP) surveys, action-oriented research and rapid assessment procedures will be carried out in selected counties.

28. Seventy percent of the programme resources will be allocated to a reproductive health service delivery component project covering the improvement of reproductive health service delivery in the selected counties as well as the above-mentioned national-level activities. The remaining 30 per cent will be devoted to complementary activities in the areas of advocacy, the empowerment of women and South-South collaboration, which will be carried out in order to create an enabling environment for achieving the reproductive health goals. These three complementary component projects are described below.

29. Advocacy. Support will be provided to assist the Government in undertaking advocacy on reproductive health and women's empowerment issues among various ministries at the central level as well as policy makers at the local level (province, county, etc.). This will include field observation visits by decision makers to pilot counties, in-country, regional and international seminars and workshops as well as exchange visits to countries that have adopted successful client-centred reproductive health programmes. In addition, support will be provided for the development, production and distribution of advocacy materials at the central and local levels. Advocacy will mainly be centred on the benefits and content of client-centred reproductive health services. Other issues to be addressed include advocacy to increase public awareness of the value of the girl-child and to contribute to strengthening the self-esteem of women and girls. Advocacy will also focus on increasing male involvement in all aspects of reproductive health, in child-rearing and in sharing household work responsibilities.

30. Women's empowerment. In recognition of the linkages that exist between women's status and their decision-making abilities in all aspects of their lives including reproductive health, community-based interventions and research will be supported under the proposed programme. This includes leadership skills training and activities aimed at ensuring access to livelihood skills and credit, as well as research on the effects that increased income have on the status of women and on issues

such as son preference, health, contraceptive choice and desired fertility levels. Baseline studies including data collection and analysis will be conducted to examine changes in the status of women and girls in order to compare them with the results shown by evaluations at the end of the programme in the 32 selected counties. The lessons learned from these interventions will be analysed and complemented with the lessons learned in service delivery for use in future programme strategies.

31. South-South collaboration. Support will be given to help promote the sharing of experiences in operationalizing post-ICPD concepts and approaches in reproductive health among Chinese officials and their counterparts in other countries and also for enhancing national capacity through South-South cooperation. This will include field observation visits, training, promoting the use of Chinese expertise, and facilitating Chinese participation in exchanges through the establishment of a database on national experts and institutions in the area of reproductive health.

Programme implementation, management and coordination.

32. As the government counterpart agency to UNFPA, the Department of International Relations of the Ministry of Foreign Trade and Economic Cooperation will have overall responsibility for coordination of UNFPA's assistance and will be responsible for overseeing programme implementation. Projects will be executed by Government, WHO, UNICEF and other United Nations agencies. Reproductive health projects, or project components, will be mainly implemented by the State Family Planning Commission and the Ministry of Health. In addition, the State Pharmaceutical Administration of China, China Family Planning Association and women's NGOs will implement activities in their respective areas of expertise. In the area of women's empowerment, the main responsibility for implementation will be the county governments. In the area of South-South cooperation, activities will be coordinated by the Department of International Relations of the Ministry of Foreign Trade and Economic Cooperation. At county level, "leading groups" will be established for reproductive health activities and for women's income-generation activities. These will be headed by county vice-governors or county governors. Provincial and central authorities will give county governors the administrative and financial support necessary to ensure effective project implementation. Project activities will be implemented by local staff, including some of those staff trained under projects in the previous programme cycle. National and international experts will assist in designing and preparing project documents, monitoring and evaluation, and in other activities when and where appropriate.

33. In accordance with UNFPA monitoring requirements, the proposed programme will have a mid-term review in 1999 and an end-of-programme evaluation. In addition, annual review meetings will be conducted to review the progress and experiences gained from the projects. These reviews will include the submission of annual project reports prior to the review meetings. Monitoring and financial reporting at county level will provide a regular source of information on programme progress. Progress of implementation and impact will be assessed via the collection of baseline and end-of-project data, the monitoring of the actual process of reproductive health service delivery, and

the definition and utilization of specific indicators as measures of the achievement of project objectives. Hence, though quantitative data will be collected that are indicative of progress in achieving reproductive health goals, qualitative methods of data collection and analysis -- such as rapid assessment procedures -- will be emphasized in the formulation, monitoring and evaluation of projects and will be promoted as tools to guide management decisions. Such methods may provide data in greater depth, at lower cost and more quickly than the more commonly used quantitative methods and could be particularly useful when examining quality of care, assessing client needs and user satisfaction, measuring aspects of women's empowerment and acquiring data for tailoring IEC messages to particular target groups.

34. The UNFPA country office in Beijing is staffed by two international staff: a Representative, a Deputy Representative, and two national professional staff and several General Service support staff. In addition, a Junior Professional Officer (JPO) is being sought for the period 1997-1999.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the People's Republic of China, as presented, in the amount of $20 million from UNFPA's regular resources over the period 1997-2000 to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nicaragua

Proposed UNFPA assistance: $11.4 million, $8.4 million from regular resources and $3.0 million from multi-bilateral and/or regular resources

Programme period: 4 years (1998-2001)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	6.0	3.0	9.0
Population and development strategies	1.8	-	1.8
Programme coordination and assistance	0.6	-	0.6
Total	8.4	3.0	11.4

NICARAGUA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	73.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	49.0	≥55
Access to basic health services (%)[3]	83.0	≥60
Infant mortality rate (/1000)[4]	52.0	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	71.6	≥75
Adult female literacy rate(%)[7]	64.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	4,123
Population in year 2000 (000)	4,694
Sex ratio (/100 females)	99.5
Per cent urban	63
Age distribution (%)	
Ages 0-14	43.6
Youth (15-24)	21.2
Ages 60+	4.5
Percentage of women aged 15-49	47.9
Median age (years)	17.8
Population density (/sq. km.)	32

Annual population growth rate (%)	2.59
Urban	3.40
Rural	1.19
Crude birth rate (/1000)	33.5
Crude death rate (/1000)	5.8
Net migration rate (/1000)	-1.8
Total fertility rate (woman)	3.85
Life expectancy at birth (years)	
Males	65.8
Females	70.6
Both sexes	68.2
GNP per capita (U.S. dollars, 1994)	330

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Nicaragua in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $11.4 million, of which $8.4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.0 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth programme of assistance to Nicaragua.

2. The proposed programme was developed following a programme review and strategy development (PRSD) mission that visited the country in April 1997. The PRSD was conducted in close cooperation with governmental and non-governmental organizations (NGOs). The programme's overall goal is to improve access to and availability of reproductive health, including family planning and sexual health, services in poor rural and urban areas. It takes as a priority the integration of population issues into national policy formulation and municipal planning. Increasing awareness of population issues through advocacy and information, education and communication (IEC) activities is embedded in all programme activities. The programme addresses gender inequities at the household and macro-levels, as well as how such inequities affect women's ability to negotiate their rights and obtain access to services and information. The proposed programme will be implemented in close collaboration with bilateral donors and other United Nations agencies and organizations. It is harmonized with the UNDP programme.

3. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

4. Nicaragua is the second poorest country in Latin America, following a decade of economic decline and recent low per capita economic growth. Between 50 and 70 per cent of the country's labour force is underemployed or unemployed. The country has one of the highest annual population growth rates in the Americas. Under the Fund's new approach for resource allocation, Nicaragua is classified as a category "A" country. Maternal mortality rates are high: official figures put the number at 159 deaths per 100,000 live births, but informal estimates calculate the rate to be closer to 300 deaths per 100,000. Profound -- and in some case increasing -- disparities in levels of poverty exist between regions and socio-economic groups as well as in access to health and education services. Fertility rates range from 2.4 for educated and better-off women to almost 7 among poor and uneducated women and from 3.2 in urban areas to 6.4 in rural areas.

5. Nicaragua's adolescent fertility rate is already the region's highest (158 births per 1,000 adolescent women) and continues to increase. In 1996, 27 per cent of all births were to women 10-19 years of age. Factors contributing to adolescent fertility include early sexual activity and the frequency of early marriages. High rates of teen pregnancy also stem from low levels of contraceptive use, which is the result of limited access to services and information. Abortion rates are extremely high: between 16 and 21 per cent of all pregnancies end in abortion. One local NGO reported that 51 per cent of its female clients for reproductive health services had had at least one abortion. Unsafe abortions account for almost one quarter of all maternal deaths (1990-1991), and this figure is probably underestimated.

6. The latest family health survey (1992-1993) showed a contraceptive prevalence rate of 48.7 per cent. The Ministry of Health estimates the current rate to be about 55 per cent, which would reach the ICPD threshold. As with other indicators, there are distinctions between urban and rural sectors; contraceptive use is lower in the countryside. Female sterilization is the preferred method (18.5 per cent of women in union) followed by pills (12.9 per cent), intra-uterine devices (IUDs) (9.3 per cent), condoms (2.6 per cent), rhythm (2.6 per cent) and other methods, including injection, withdrawal and vasectomy (2.8 per cent). There is very limited use of condoms and male sterilization and limited male involvement in responsible parenthood. This is particularly true in rural areas.

Previous UNFPA assistance

7. UNFPA's fourth country programme was originally approved for the period 1994-1996 and was later extended through 1997. The programme was approved for a total of $7.5 million from regular resources and $2 million from multi-bilateral resources, which were received from Norway, Luxembourg and the European Union. The programme was originally formulated and executed at a difficult transitional period of the country's history, and in the intervening period Nicaragua has increased its capacity for national execution. Over 50 per cent of the programme was executed by governmental institutions and national NGOs. By the end of 1997, the total allocation of the fourth programme will have been spent: 75 per cent to support reproductive health activities, 14 per cent for activities in the area of population and development strategies, 3 per cent for advocacy and 8 per cent for multisectoral activities.

8. To prevent duplication and inappropriate use of resources, the programme channelled resources through a limited number of governmental and non-governmental organizations. The strategy yielded positive results. However, such focused application resulted, by definition, in limited outreach. There is a need to extend the scope of institutions being supported, targeting those with established and relevant networks at the local level and in rural areas.

9. The past programme showed the importance of awareness of and commitment to population issues by national leaders in order to achieve overall programme success. The past programme

successfully emphasized information and education to increase demand for reproductive health services. This approach will be replicated under the proposed programme. A successful feature for attracting the interest of international funding agencies and local institutions for collaborative efforts was the development of high quality, specialized educational packages for a variety of audiences. The proposed programme will expand on this process.

10. Focusing funding towards strategic and innovative activities at the central level while directing the major bulk of funds to local levels, especially for human resource development, proved to be the correct strategy to ensure strengthening of services in spite of public policy uncertainties. Furthermore, supporting the efforts of the public sector to develop norms and policies and using NGOS for implementation of activities facilitated the improvement of quality and efficiency in the provision of services and in carrying out related IEC activities. The proposed programme will continue this strategy as far as possible.

11. Data derived from the population and housing census of 1995, which was the first in 25 years, have not yet been fully exploited, largely because of inadequate human resources trained in data analysis and the narrow dissemination of the census results. National and municipal personnel require training to analyse and use such data for programme development. There is therefore a need to strengthen and support human and institutional capacity in order to ensure wider dissemination and use of the census information, with special emphasis on the local level.

12. Due to its comprehensive approach to population, recognized technical competence and capacity to mobilize resources, the Fund was able to actively support the formulation of a national population policy. The Fund is now poised to support the Government in its formulation of a related plan of action.

Other external assistance

13. During the last two decades, international cooperation has played an integral part in Nicaragua's socio-economic development. Between 1990 and 1996, Nicaragua received $4.4 billion in international assistance, 16 per cent of which was directed to equipment, training and the health and education infrastructure. With UNFPA, the United States Agency for International Development (USAID) is the major source of support for reproductive health and family planning activities. Its support includes assistance for the development of local capacities for primary health care. USAID is also providing support to improve the national capacity for distribution of medical inputs and for the training of health personnel in child and maternal health. It supports PROFAMILIA, which is the country's most important national NGO in reproductive health and family planning. USAID funds 18 projects executed by private international organizations in primary health care, environmental conservation and small-scale employment creation enterprises.

14. The Swedish International Development Cooperation Agency (Sida), the World Bank, the Inter-American Development Bank (IDB), the German Gesellschaft für Technische Zusammenarbeit (GTZ), the European Union, the Netherlands, the Pan American Health Organization (PAHO) and UNICEF are supporting primary health care and improving the managerial capacity of the Ministry of Health through local projects. This large volume of assistance, however, addresses only a few of the components of reproductive health. Assistance from some donors does focus on reproductive health but only in narrow geographical areas: Norway is funding a project to strengthen reproductive health services in three locations; Finland is about to fund a project on women's empowerment and reproductive health in selected municipalities; Sweden supports the provision of medicines and medical equipment, primary care training for local health promoters and educational activities aimed at women's empowerment with projects executed by PAHO and UNICEF.

15. Thus, while several donors are active in primary health care, and some devote resources to reproductive health, UNFPA is the only funding agency to support a comprehensive approach to population and reproductive health interventions. Several national institutions and agencies are interested in addressing adolescent pregnancy as a national problem, but each focuses on the problem from a particular sectoral perspective. The Fund's leadership is needed in order to advance the ICPD perspective in national efforts and to promote donor cooperation. UNFPA is well positioned to support institutional coordination and the development of holistic approaches, because of its mandate and experience in policy formulation, the provision of services, IEC, advocacy, research and data collection. In 1995, a national population census was possible largely due to UNFPA's established credibility; only when the Fund decided to participate did other donors become interested. Additionally, UNFPA has for several years been the international community's reference point for demographic information. The Fund is an important catalyst for mobilizing resources and efforts to raise the quality of population data and to enable the use of such data for national and local planning.

Proposed programme

16. The proposed programme is guided by the need to address demographic growth and the unmet demand for family planning. Reproductive health, approached in a comprehensive manner, is an overall priority. The programme will contribute to the national goal of ensuring universal access to reproductive health services to all couples and individuals at appropriate ages. The programme's primary objectives are to increase utilization of reproductive health services in rural and extremely poor areas and to increase political support and technical capacity for the consideration of population and gender issues in poverty alleviation and sustainable development efforts. The overall strategy is to expand and strengthen the quality of services and education for both men and women and to provide special programmes for adolescents. Gender equity and equality and women's participation in national and local development efforts will be a cross-cutting theme. The programme is designed to reinforce the participation of NGOs and civil society, and to enhance donor coordination.

17. Reproductive health. In the area of reproductive health the proposed programme will support three subprogrammes: (a) improved access to reproductive health in poor rural and urban areas; (b) better adolescent reproductive health; and (c) enhanced national capacity for reproductive health services at both the local and national levels.

18. The first subprogramme focuses on improving access to reproductive health services provided by governmental and non-governmental organizations. It targets poor rural areas in 10 departments as well as under-served sections of Managua for improved services and information. The rural component of this subprogramme makes use of 1,000 "community base homes". In Managua, the subprogramme focuses on increasing the availability of and access to family planning methods and counselling for "maquila" workers and persons covered by the social security system, by working with hospitals and workplace health centres. These efforts will be accompanied by training for service providers as well as by IEC and advocacy activities. The Fund will support the establishment of a post-partum IUD insertion programme in 17 departmental hospitals. All services and IEC activities will respond to women's needs for contraceptive control and will foster increased male participation in family planning and responsible parenthood.

19. The second subprogramme addresses adolescent reproductive health in urban and rural areas through advocacy, technical assistance, training and sociocultural research, with a primary emphasis on improving adolescents' access to services and information. Technical assistance will be given to the Ministry of Health to support the formulation of a sexual and reproductive health component in the National Health Plan for Adolescents and to facilitate the preparation of national norms on adolescent sexual health for use by medical personnel. The Fund will also support the expansion of IEC and service models successfully developed in the previous programme. These models have both an urban and a rural version.

20. In order to better understand adolescent values and attitudes towards sexual and reproductive health issues, and thereby tailor the subprogramme's activities, sociocultural research will be undertaken. At the end of the programme, 17 primary health centres, one in each departmental capital, will offer reproductive health services to adolescents. Young people will also be reached through vocational training institutions of the Ministries of Labour and Agriculture with programmes that encourage the empowerment of women and provide information on reproductive health.

21. The third subprogramme emphasizes enhancing human resources for improving the national capacity for reproductive health services and IEC. The subprogramme's strategy is to provide technical assistance to the graduate program at the Nicaragua National University and fellowships for postgraduates. Support will also be given to three other higher education medical institutions to train 700 health personnel in reproductive health service and counselling. Furthermore, 200 students from other fields, including education, psychology and journalism, will receive basic training on reproductive health and IEC issues.

22. Population and development strategies. In the area of population and development, the proposed programme will support one subprogramme focused on population policy and socio-demographic information. The subprogramme aims to improve Nicaragua's technical capacity to implement its national population policy. Another priority is to strengthen the country's ability to collect socio-demographic data and to utilize it in local planning. The ability to undertake research at national and local levels will also be strengthened. Technical and financial assistance will be given for training of staff of the Ministry of Social Action and its technical bodies for the formulation, execution and updating of the national programme of action. To strengthen the capacities of municipalities and local NGOs to formulate, monitor and evaluate health and education projects, the programme will support dissemination of population information. It will also support the training of approximately 120 local government officials and NGO representatives in socio-demographic data analysis and in basic reproductive health and gender issues in 20 municipalities.

23. Advocacy. As mentioned above, advocacy remains an important cross-cutting activity in all of the Fund's programming in reproductive health and population and development strategies.

Implementation, monitoring, evaluation and coordination

24. The proposed programme will rely primarily on national institutions for execution. Nicaragua has technical and administrative personnel familiar with UNFPA's mandate, rules and procedures. Use of local government units will be the preferred method of execution. Also, NGO collaboration will be actively promoted since past experience shows that these groups are successful in reaching rural areas and tend to be well accepted by the populations they serve. Most development agencies focus their efforts at the local level. With this in mind, special attention will be given to establishing alliances with other specialized agencies and organizations at work in various areas of the country. Such partnerships will enable reproductive health to be integrated into the wider development agenda. The same approach will be taken with bilateral actors and international NGOs that have interests in such areas as gender and human resource development.

25. UNFPA will undertake direct execution of those components of the programme in which it has a relative advantage such as the provision of medical commodities, including contraceptives. Technical backstopping will mainly be provided through the technical support services systems. Short-term international consultants may be used to respond to specific programming needs. To support the management and technical backstopping of the reproductive health subprogrammes there might be a need to recruit a resident chief technical adviser. The country office would be staffed by a UNFPA Representative, one junior professional officer, one national programme officer, one finance assistant and three support staff. The UNFPA Representative would also be responsible for Costa Rica and Panama. By placing priority on national execution, the programme will require UNFPA to have three national project professional personnel for training of project counterparts in

management skills and thematic areas; to foster coordination between NGOs and the Government; and to monitor project execution.

26. The proposed programme will be reviewed at its midpoint in late 1999. Substantive achievements will be assessed and if strategy modifications are required, these will be recommended. All through the programme's implementation, qualitative and quantitative indicators based on programme objectives will be used to monitor progress and guide management decisions. The Fund's country office has in place a system for progress monitoring of individual components. Annual programme review meetings, preceded by the submission of annual subprogramme reports, will facilitate continuous feedback on the implementation process. The programme will undergo a final evaluation in preparation for the next PRSD and programming cycle.

27. As stated, under the proposed programme reproductive health activities will be given the highest priority. Of the total amount of $6 million of regular resources that are to be devoted to that programme area, $2.9 million will be provided for the subprogramme designed to improve access to reproductive health services in rural and poor areas of the country; $2.3 million will go to the subprogramme aimed at improving adolescent reproductive health; and $800,000 will be allocated for the subprogramme concerned with enhancing human resources. Of the total of $3.0 million of multi-bilateral resources that will be sought for reproductive health activities, $1.7 million has already been committed from Norway, the European Union and Luxembourg. The fourth subprogramme will be for $1.8 million for activities in the area of population and development strategies.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance for Nicaragua, as presented, in the amount of $11.4 million over the period 1998-2001, $8.4 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $3.0 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Egypt

Proposed UNFPA assistance:	$18 million, $14.4 million from regular resources and $3.6 million from multi-bilateral and/or other, including regular resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Sixth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive Health	7.4	1.6	9.0
Population & Development Strategies	3.3	1.0	4.3
Advocacy	3.0	1.0	4 .0
Programme Coordination and Assistance	.7	-	.7
Total	14.4	3.6	18.0

EGYPT

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	35.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	46.0	≥55
Access to basic health services (%)[3]	99.0	≥60
Infant mortality rate (/1000)[4]	67.0	≤50
Maternal mortality rate (/100,000)[5]	270.0	≤100
Gross female enrolment rate at primary level (%)[6]	100.0	≥75
Adult female literacy rate(%)[7]	34.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	62,096	Annual population growth rate (%)	1.85
Population in year 2000 (000)	68,119	Urban	2.43
Sex ratio (/100 females)	103.1	Rural	1.37
Per cent urban	45	Crude birth rate (/1000)	26.1
Age distribution (%)		Crude death rate (/1000)	7.1
Ages 0-14	38.0	Net migration rate (/1000)	-0.5
Youth (15-24)	18.6	Total fertility rate (woman)	3.4
Ages 60+	6.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	49.2	Males	64.7
Median age (years)	21.1	Females	67.3
Population density (/sq. km.)	62	Both sexes	66.0
		GNP per capita (U.S. dollars, 1994)	710

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support a population programme over the period 1998-2001 to assist the Government of Egypt achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $18 million, $14.4 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.6 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's sixth cycle of assistance to Egypt and is harmonized with the UNDP programme, which will also conclude in 2001.

2. The Government of Egypt is committed to strengthening national population and development programmes by implementing the recommendations of the International Conference on Population and Development (ICPD) and the other major international conferences of the 1990s. The proposed programme of assistance has been developed on the basis of the findings and recommendations of a programme review and strategy development (PRSD) exercise that included a visit to Egypt in October-November 1996. The PRSD was conducted in close cooperation with the Government, national non-governmental organizations (NGOs), as well as with bilateral and other multilateral donors. The programme is consistent with national population and development policies, priorities and strategies and has been designed to complement the assistance of other donors.

3. The overall goal of the UNFPA-supported programme is to contribute to the improvement of the reproductive health of the Egyptian people, to a reduction in gender disparities, and to the achievement of sustained socio-economic development. Within this context, UNFPA will work to achieve the following specific objectives by the end of the programme: (a) improve the quality, scope and coverage of reproductive health care, including family planning and sexual health, in two governorates of upper Egypt and two inner-city areas of Cairo, where population indicators are less favourable than national averages; (b) enhance national skills and capacities to formulate, plan and implement information, education and communication (IEC) strategies in support of reproductive health programmes, including addressing the issue of female genital mutilation (FGM); (c) help to strengthen the population information management system and the coordination mechanisms within the Ministry of Health and Population; (d) expand choices and opportunities for women in the areas of reproductive health, education and economic empowerment; and (e) accelerate the integration of ICPD recommendations in the plans and programmes of the Government, NGOs and donors.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Egypt is designated a category "A" country under UNFPA's new approach for resource allocation. Its national population policy focuses on three central points: the reduction of the population growth rate, the improvement of demographic indicators and sustainable spatial redistribution. In many regards, Egypt has achieved significant success over the past decades. Total fertility, for example, declined from 5.3 in 1980 to 3.6 in 1995, and the population growth rate has been reduced to about 1.9 per cent a year. Still, the growth momentum resulting from a young population continues to be of serious concern. Implementation of an economic reform and structural adjustment programme has resulted in laudable improvements in the country's economy; however, one-third of the population is still estimated to be living below poverty level, with women being especially affected. Most of the country's population is still concentrated on less than 6 per cent of its land.

6. Maternal mortality rates remain high, with estimates varying from a low of under 80 per 100,000 live births to a high of over 200 per 100,000. Access to basic health services is almost universal, but less than half of the births are attended by trained health personnel, and infant mortality is high. The contraceptive prevalence rate has reached 46 per cent for modern methods, but there is a high discontinuation rate. There is also under-utilization of health care facilities and an unmet demand for contraceptive services that is estimated at about 16 per cent. Opportunities for reproductive health decision-making are severely constrained for the vast majority of women, and the access of youth to information on reproductive health is meagre. These concerns are further aggravated at the sub-national level by acute disparities between Lower and Upper Egypt, as well as between urban and rural areas.

7. Egypt has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); however, national level implementation of the convention has been slow. The current situation with respect to gender, population and development is a matter for serious concern: only a third of adult females are literate; there is a high rate of school drop-outs among girls; early marriage remains the social norm; the prevalence of FGM is very high and needs to be actively addressed; and male involvement in reproductive health issues remains low.

Previous UNFPA assistance

8. The first comprehensive UNFPA country programme in Egypt commenced in 1971, and the most recent one, the fifth, was approved in 1992 and had its activities extended by one year, to the end of 1997. Total expenditures during the programme cycle 1992-1997 are estimated at just under $13 million. UNFPA achievements in family planning and reproductive health during this period have been significant, including the expansion of the mix of contraceptive methods, the strengthening of

personnel skills, and the involvement of NGOs. But fuller integration of reproductive health into the primary health care system still requires more comprehensive strategies and intensive monitoring.

9. UNFPA helped to strengthen capacities in demographic data collection and analysis, such that the most recent (1996) census was undertaken almost entirely with national resources and by national personnel. Overall, UNFPA helped donor coordination efforts in the population sector, and the Fund's advocacy initiatives significantly contributed to greater support for youth reproductive health issues, the strengthening of NGO capacities, and a campaign against harmful traditional practices, including FGM. In spite of significant efforts to develop family planning services, their integration into the primary health care system has not yet been completed. Furthermore there is now a need to broaden the scope of the Fund's support towards a more comprehensive reproductive health approach as called for in the ICPD Programme of Action. UNFPA initiated a project to enhance youth involvement in population and development activities but realized that the focus of the project was not fully commensurate with programme objectives. The project design and training curriculum were therefore modified with the direct involvement of the beneficiaries, and the initiative wound up generating remarkable enthusiasm among youth, demonstrating the strong potential for its expansion.

10. Based on the lessons learned during the implementation of the previous country programme, when most of UNFPA's input was concentrated on strengthening institutions at the central level, the 1996 PRSD recommended that, in order to increase the impact of its programmes, UNFPA should shift its strategy and pay special attention to disadvantaged population groups and to specific geographical regions. The proposed programme has been designed taking this recommendation into account.

Other external assistance

11. UNFPA is the second largest donor for population programmes in Egypt after the United States Agency for International Development (USAID), which supports a comprehensive family planning programme with over $12 million per year, representing about 75 per cent of all of Egypt's population donor assistance. USAID is formulating a new 10-year programme, which is expected to continue its focus on family planning. The Egypt Population Project supported by the World Bank will provide approximately $20 million over a five-year period (1997-2002), 85 per cent of which will be for reproductive health services and for improving the status of women. The European Union and the Government of Netherlands are the other major donors in the population field, with average annual financial inputs estimated at $2.3 million and $1.7 million, respectively.

12. Egypt's population programme involves multiple partners, and it would be difficult to isolate the impact of UNFPA assistance. Nevertheless, past UNFPA assistance has contributed significantly

towards strengthening and sustaining the national population programme, and UNFPA's leadership role and assistance are recognized and appreciated in the country.

Proposed programme

13. The proposed programme will be implemented at two levels: a focused approach to selected under-served sub-national areas to strengthen comprehensive and client-responsive reproductive health services, and a second, nationwide, approach in the formulation of IEC strategies and advocacy for follow-up to the ICPD Programme of Action. Approximately 50 per cent of programme resources are allocated for reproductive health, 23 per cent for population and development strategies, 23 per cent for advocacy, and 4 per cent for programme coordination and assistance. Lessons learned from the implementation of past UNFPA-assisted activities, and the recommendations of the recent UNFPA management audit, have been considered to determine the mechanisms for programme implementation and will be applied in the development of the subprogrammes and their components.

14. Reproductive health. UNFPA aims to support the Government's intention to provide high quality reproductive health and family planning services to all people who need them, with special attention to women and youth. This objective will be achieved through the operationalization of the integrated reproductive health approach in priority focus areas (PFAs) selected from rural and urban districts where indicators are significantly below national averages. The PFAs have been identified in consultation with the Government based on such indicators as maternal mortality, contraceptive prevalence, female illiteracy and the demonstrated support of administrative authorities. The PFA approach marks a change from the previous programme strategy and is expected to provide improved reproductive health care for over 6 million beneficiaries. It is also anticipated that the strategy of focused and intensive activities will have a demonstration effect, showing the synergistic results of a well-coordinated reproductive health approach and will assist in refining national strategies for expansion of the model.

15. Concurrent with efforts to provide integrated reproductive health care, IEC marketing and communication strategies will be designed to address client concerns, reinforce confidence and promote behavioural changes. In view of the high prevalence of FGM in Egypt, campaigns will be designed on the basis of sociocultural studies to raise the awareness of the population on the harmful effects of the practice. In addition, UNFPA will also work within the PFAs with other donors to carry out integrated community development schemes to improve the status of women through literacy programmes, provision of micro-credits, nutritional support and gender training. Based on these strategies and interventions, it is expected that a 10-15 per cent improvement will be achieved at the end of the programme with regard to indicators of maternal mortality, morbidity, contraceptive prevalence and FGM.

16. Population and development strategies. The proposed programme will help strengthen the population information management systems within the Ministry of Health and Population. It will seek to establish unified indicators in order to monitor the programme's activities, to identify and fill gaps, and to evaluate progress. The existing capacities in diverse institutions will be integrated into a national network so that information and data are readily accessible. The programme will focus on synthesizing existing data and information, and disseminating it in a user-friendly form for decentralized decision-making and coordinated research. These activities are expected to result in improved mechanisms for effective policy analysis, coordination, strategic planning and the decentralized implementation of population programmes.

17. Advocacy. In collaboration with NGOs and other development partners, UNFPA will support concerted efforts to promote the goals of the ICPD Programme of Action, particularly in terms of a reduction in the prevalence of FGM. To this end, the programme will continue to support the Government's efforts to strengthen grass-roots NGOs in population and development activities that seek to improve the status of women. In addition, the programme will coordinate efforts to influence attitudes of youth on gender issues and to increase male involvement in reproductive health. UNFPA will also continue to support Egypt's continued active participation in South-South cooperation activities.

Programme implementation, monitoring and evaluation

18. The Ministry of Foreign Affairs is the cooperating agency for all United Nations programmes and activities, and the Ministry of Health and Population is the substantive authority that oversees the planning and implementation of population programmes.

19. National agencies, both governmental and non-governmental, will execute and implement the proposed programme under the overall coordination of the Ministry of Health and Population. Training will be provided to national personnel in substantive as well as managerial aspects of programme planning and implementation. Among the national agencies and partners at the central and governorate levels that are expected to be involved in implementing the programme are the Ministries of Health and Population, Information, Local Administration, Education, Social Affairs, Agriculture, the National Population Council, the Central Agency for Public Mobilization and Statistics, the Cairo Demographic Centre, the Regional Centre for Training in Family Planning at the Ain Shams University and the Institute for Training and Research in Family Planning, governorate and district level functionaries in selected PFAs, universities, NGOs and grass-roots and community organizations. Certain technical inputs may be provided by UNFPA or other external agencies, as necessary, including expertise from Country Support Team advisers in Amman, Jordan, or by international consultants. The programme will provide on-site management and technical support through national professional project personnel whenever necessary.

20. UNFPA input will be managed by the office of the resident UNFPA Representative, which contains three professionals, a finance assistant and other support staff. The programme will be closely monitored in accordance with UNFPA guidelines through field visits, periodical reviews, annual project progress reports and review meetings. A mid-term review will be undertaken early in 2000 as will an evaluation of the programme's achievements near its conclusion.

21. In implementing and managing the proposed UNFPA-assisted programme, the UNFPA country office will collaborate closely with other national and external partners involved in population and development efforts in Egypt, most particularly with USAID, the World Bank, and the UNFPA's partners in the Joint Coordinating Group on Policy (JCGP). The population donor subgroup mechanism, chaired by the UNFPA Representative, and the donor assistance group will be utilized to promote effective coordination of both national and external support, including private sector involvement, in population programmes.

Recommendation

22. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Egypt, as presented, in the amount of $18 million, $14.4 million of which would be from UNFPA's regular resources, to the extent such resources are available, and the balance of $3.6 million would be sought from multi-bilateral and/or regular resources, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Algeria

Proposed UNFPA assistance: $7 million, $5.1 million from regular resources and $1.9 million from multi-bilateral and/or regular resources

Programme period: 3 years (1998-2000)

Cycle of assistance: Second

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.8	1.5	5.3
Population & development strategies	1.0	.4	1.4
Programme coordination & assistance	.3	-	.3
Total	5.1	1.9	7.0

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ALGERIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	78.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	47.0	≥55
Access to basic health services (%)[3]	88.0	≥60
Infant mortality rate (/1000)[4]	55.0	≤50
Maternal mortality rate (/100,000)[5]	140.0	≤100
Gross female enrolment rate at primary level (%)[6]	83.8	≥75
Adult female literacy rate(%)[7]	40.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.
[2] United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.
[3] UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.
[4] United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.
[5] UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.
[6] United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.
[7] UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	28,109	Annual population growth rate (%)	2.34
Population in year 2000 (000)	31,599	Urban	3.59
Sex ratio (/100 females)	102.5	Rural	.65
Per cent urban	56	Crude birth rate (/1000)	29.2
Age distribution (%)		Crude death rate (/1000)	5.6
Ages 0-14	39.2	Net migration rate (/1000)	-0.2
Youth (15-24)	21.0	Total fertility rate (woman)	3.81
Ages 60+	5.6	Life expectancy at birth (years)	
Percentage of women aged 15-49	50.3	Males	67.5
Median age (years)	19.8	Females	70.3
Population density (/sq. km.)	12	Both sexes	68.9
		GNP per capita (U.S. dollars, 1994)	1,690

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2000 to assist the Government of Algeria achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $7 million, of which $5.1 million would be from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $1.9 million from multi-bilateral and/or regular resources, to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's second cycle of assistance to Algeria.

2. The proposed programme was developed in accordance with the country's general development strategies as well as with the conclusions and recommendations of the Background Document that was elaborated in Algeria in 1996. The programme was formulated and negotiated during a consultation held among the Algerian Government, national non-governmental organizations (NGOs), United Nations system agencies and UNFPA in Algiers in January 1997. The proposed programme cycle is harmonized with those of UNDP and UNICEF and seeks to strengthen the already active coordination among all United Nations agencies.

3. The main purpose of the proposed programme is to assist the Government in improving the overall socio-economic development situation of the country. Within the context of the national population programme, the UNFPA-supported programme aims to achieve the following specific results: (a) improve access to integrated reproductive health services in 400 underprivileged areas; (b) strengthen national capacity to manage reproductive health programmes; (c) develop communication programmes that target women of reproductive age, men in rural areas, and youth; (d) broaden the focus of the national population programme so that it reflects the Programme of Action of the International Conference on Population and Development (ICPD) and strengthen its coordinated implementation; and (e) consolidate gains already made in improving the status of women and promote further gender equity and equality.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5 A category "B" country under UNFPA's new approach for resource allocation, Algeria is a middle-income country that has witnessed a decline in per capita income since the end of the 1980s as a result of significant political and socio-economic change. Unemployment is a major problem that particularly affects those under 30: 27 per cent of the active population was unemployed in 1995. Rapid urbanization and housing shortages are also great sources of tension. A median of 9.6

Algerians currently live in each housing unit. The demographic transition under way in the country is characterized by rapidly decreasing fertility -- total fertility decreased from 8.4 in 1970 to 3.8 in 1995; an increase in the age of marriage -- 25.8 years for women and 30.2 for men in 1992; and rapidly increasing use of contraceptives. Currently, half of the population is under 20 years of age.

6. Despite real progress in certain sectors, numerous qualitative indicators remain of concern. The national contraceptive prevalence rate has reached 47 per cent. However, access to family planning services in rural areas is only half that in the cities. Contraception is largely dependent on oral methods (75 per cent), particularly on two types of contraceptive pills. Only 47 per cent of women in rural areas receive prenatal care compared to 70 per cent of urban women. The infant mortality rate is 55 per 1,000 (1995), with 50 per cent of the deaths being of new-borns. Maternal mortality and morbidity are still high and represent public health issues of concern to the Government.

7. Major achievements have been made in the past few decades regarding the status of women in Algeria, and serious efforts are currently being made by civil society and the Government to promote gender equality in all social and economic areas. Despite the high illiteracy rate for females (55 per cent compared to 20 per cent for men), female school enrolment has increased 50 per cent in the last thirty years, and gender parity has almost been achieved at the secondary level. In 1996, Algeria ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and during the same year, a permanent Committee for Monitoring and Evaluation of the Status of Women was established under the presidency of the Minister responsible for National Solidarity and the Family. In addition, the Government aims to revise the family code, which contains several clauses unfavourable towards women, particularly with respect to marriage, divorce and child custody. Women remain marginalized in the formal economic sector, with the female activity rate standing at only 16.5 per cent in 1991 compared to 73.4 per cent for men.

Previous UNFPA assistance

8. The impact of the first UNFPA country programme in Algeria has been undeniably positive. Approved in 1989 for five years in the amount of $9.2 million and subsequently extended through 1997, 65 per cent of the resources were expended on reproductive health activities, 25 per cent on population and development strategies, and 10 per cent for advocacy activities. One of the major focuses of the programme was the support given to the integration of family planning in the maternal and child health services provided at the primary health care level. UNFPA assistance enabled the Government to expand the network of service delivery points providing family planning services. The Fund was also instrumental in supporting the Government's shift towards a more integrated reproductive health approach, and the proposed country programme will support the consolidation and expansion of this successful initiative. In addition, UNFPA's assistance contributed to helping the Government to improve knowledge about demographic issues and fertility determinants, as well as strengthening national capabilities in the area of data collection and analysis.

9. A review of the past programme pointed out that reproductive health outreach initiatives are still needed for such population groups as males, specifically those in rural areas, as well as adolescents and other vulnerable populations like refugees. In addition, the implementation of the family planning programme has depended primarily on midwives, and it is clear that a larger involvement of general practitioners and obstetrical and gynaecological specialists is required to expand the programme. Since its inception, the Algerian population programme has suffered from significant shortages and contraceptive stock-outs, especially in peripheral parts of the country. To alleviate this, the first UNFPA country programme anticipated the provision of a large proportion of its resources for the creation of a local oral contraceptive production unit. Although UNFPA did provide preparatory assistance, the project was never realized due to its lack of economic feasibility. To date, despite the fact that important measures have been taken to regulate contraceptive supplies, contraceptive logistics management remains one of the largest obstacles to the successful implementation of the population programme and one that UNFPA needs to address.

Other external assistance

10. UNFPA is currently the major donor in the area of population in Algeria and works in complement with other donors in the area of health and population. The European Union provided a total amount of 1.9 million ECU between 1991-1994 for the operation of public health structures offering family planning services. A large portion of these funds were utilized for the procurement of contraceptives. The World Bank provided assistance to the health sector in the form of a $50 million loan to assist the Government in reactivating priority health programmes. During the 1990s, the population programme also benefited from limited support from the United States Agency for International Development (USAID) and the Japanese Government. The International Planned Parenthood Federation (IPPF) continues to provide important support to its affiliate, the Algerian Association for Family Planning (AAPF).

11. Several United Nations agencies also work in areas related to population and reproductive health in Algeria. Projects undertaken by UNICEF between 1990-1995 focused primarily on the improvement of perinatal health. WHO provided support to the national HIV/AIDS programme. In addition, UNDP's 6th country programme (1993-1996, extended until 1997) has undertaken important work in the area of the promotion of women and the protection of the environment. The second UNFPA country programme will be harmonized with the programmes of UNDP and UNICEF.

12. To date, UNFPA remains the main external actor in the population field in Algeria and is able to offer significant assistance to the Government in coordinating external population assistance. Donors such as the Governments of Spain and France as well as the European Union have expressed an interest in working through UNFPA in the context of the proposed programme.

Proposed programme

13. The proposed programme aims to contribute to improving Algeria's overall socio-economic development situation. Within the context of the Government's population programme and national strategies developed in light of the ICPD, the UNFPA programme will strive to improve access to integrated reproductive health services and to strengthen national capacity to manage reproductive health programmes. It also seeks to develop a communication programme that targets women of reproductive age, men in rural areas, and youth, as well as to broaden the focus of the national population programme to ensure that it is in harmony with the ICPD Programme of Action. In addition, the programme will aim to consolidate gains made by women and to promote further gender equity and equality. These objectives will be realized within the framework of two subprogrammes: the reproductive health subprogramme will account for 70 per cent of total resources (50 per cent for services and 20 per cent for IEC activities), and the population and development strategies subprogramme will account for 30 per cent of resources. Advocacy activities are incorporated into each subprogramme.

14. Reproductive health. The Government has two primary goals in the area of reproductive health: to increase access to and the quality of integrated reproductive health services and to achieve a contraceptive prevalence rate of 60 per cent for modern methods by the year 2000. Within this context, UNFPA will focus its activities on improving access to quality reproductive health in underprivileged areas. This will be achieved by integrating family planning activities into 400 primary health care service delivery points and by broadening the scope of services offered in referral centres by further integrating family planning within 100 district health maternity clinics and 13 university teaching hospitals. These services will include such additional reproductive health dimensions as the prevention and treatment of reproductive tract infections (RTIs), including sexually transmitted diseases (STDs) and HIV/AIDS, and screening for cervical and breast cancers. UNFPA will also provide assistance to the training of 400 midwives and 100 doctors in reproductive health, including in such subjects as long-term contraceptive methods, counselling and interpersonal communication. In order to expand the mix of contraceptive methods, specific and limited support will be given to the procurement of contraceptives. UNFPA will continue to support the provision of reproductive health information and services to refugees living in southern Algeria as well as assist the Government in identifying needs for the creation of a National Center for Human Reproduction to undertake research.

15. The proposed programme will focus on strengthening the capacity to manage reproductive health programmes, including contraceptives logistic management, at national, provincial and district levels. UNFPA will assist in the establishment of a national course in reproductive health programme management aimed at programme managers in all five regions of the country. It will also provide technical assistance for a study on contraceptive requirements and logistics management needs in order to address the critical problems related to contraceptive supply and method-mix. To ensure

continuous monitoring and evaluation of the reproductive health programme, UNFPA will provide support for the follow-up and evaluation of the reproductive health programme by the five regional observation centres.

16. UNFPA will also support an IEC programme to develop a communication strategy that targets women of reproductive age, rural men and youth. Assistance will be provided to the Ministry of Youth and Sports and the Ministry of Agriculture for the development of a communication programme in reproductive health that includes gender issues. Support will be given for pedagogic materials and training of agricultural extension workers and youth facilitators in the 100 referral centres where UNFPA is involved in the delivery of services. In addition, UNFPA will help with an evaluation of achievements and an assessment of needs in the area of population education, as well as collaborate with UNICEF and UNDP to support an integrated development programme aiming to empower women in disadvantaged areas through access to credit, creation of micro-enterprises and literacy programmes.

17 Population and development strategies. To broaden the focus of Algeria's policy in light of the ICPD and to help reinforce its implementation, UNFPA will strengthen the capacity of the Directorate for Population to monitor activities of the National Population Committee, for which it acts as secretariat. It will also assist in the development of a research agenda, including analysis of the 1997 population and housing census, in order to monitor the progress of ICPD indicators. UNFPA will support research on issues related to women's empowerment, including women's reproductive and legal rights, and will provide support to specific governmental and non-governmental activities aiming to improve the status of women. Finally, UNFPA will advocate to help the Government obtain donor support for the implementation of its population programmes.

Implementation, coordination, monitoring and evaluation

18 The overall implementation of the programme will be the responsibility of the Algerian Government, through the Ministry of Foreign Affairs. Technical coordination will be assured by the Ministry of Health and Population, which will promote synergy between various implementing agents, particularly through the strengthening of the National Population Committee, whose secretariat is provided by the Ministry's Directorate for Population.

19. The implementing agencies will be responsible for the internal monitoring of their respective programme activities, using standard UNFPA monitoring and evaluation instruments. To assess overall programme progress, a mid-term review of the programme will be conducted jointly with UNDP and UNICEF in 1999. Programme performance will be evaluated using available data from national and regional surveys, including management information systems.

20. The management, monitoring and evaluation of the programme will be strengthened by establishing partnerships with international advisory agencies and/or support from regional advisers from the Country Support Team headquartered in Amman, Jordan. In addition, the programme will provide for the training of national project staff, both government and NGO, on UNFPA's substantive, administrative and financial procedures. The Fund's capacity to manage the country programme will be ensured by a resident UNFPA Representative, a national programme officer, a national finance assistant and three support staff.

21. Under the proposed programme, UNFPA will aim to optimize programme efficiency through the coordination of activities with other United Nations agencies and the World Bank, and by carrying out joint and/or complementary activities in targeted provinces, particularly in the area of community development and women's empowerment. UNFPA will also support the exchange of experiences, particularly at the regional level, within the context of South-South cooperation.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Algeria, as presented above, in the amount of $7 million over the period 1998-2000, of which $5.1 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $1.9 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Pacific Subregion

Proposed UNFPA assistance:	$7.2 million from regular resources; $2.8 million from multi-bilateral and/or regular resources
Programme Period:	4 years (1998-2001)
Cycle of assistance:	Second
Category per decision 96/15:	5 out of 14 are in category "A"; 1 country is in category "B"; 1 country is in category "C"; the remaining countries are not classified.

Proposed assistance by core programme area (in millions of $)

	Regular resources	Other	Total
Reproductive health	6.0	2.6	8.6
Population & development strategies	0.4	-	0.4
Advocacy	0.4	0.2	0.6
Programme coordination	0.4	-	0.4
Total	7.2	2.8	10.0

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1. In order to assist the countries of the Pacific Island subregion achieve their population and development objectives, the United Nations Population Fund (UNFPA) proposes a subregional programme of assistance for a period of four years (1998-2001) in the amount of $10 million, of which $7.2 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.8 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to the 14 countries[1] of the Pacific subregion of which five are in category "A", one in category "B", and one (Fiji) in category "C" according to UNFPA's new approach for resource allocation. The remainder of the countries are not classified.

2. The goal of the proposed programme is to help the Pacific Island countries in their efforts to ensure universal access to quality reproductive health, including family planning and sexual health, services. The programme will address as priorities the high rates of reproductive morbidity and maternal mortality in the island states, the limited outer-island access to reproductive health services, high adolescent fertility levels, low contraceptive prevalence and high fertility rates, and weak health information databases. It will also work with Governments to strengthen national commitment and community support for population-related interventions. In working to consolidate past programme efforts and raise awareness of population and development linkages, an advocacy subprogramme will aim at mobilizing the active support of various groups in these culturally diverse societies. The programme will support limited interventions in the area of population and development strategies designed to strengthen the reproductive health database and to promote the formulation and review of national population policies.

3. The proposed programme is based on intensive national and subregional dialogues with the main actors in the population and reproductive health area in the Pacific Island countries. The programme draws heavily from the recommendations of the programme review and strategy development (PRSD) exercise and the Regional Strategy Development Workshop in which high-level government representatives, regional institutions, other multilateral and bilateral donors and a number of non-governmental organizations (NGOs) participated.

4. Given the tremendous diversity of the Pacific Island countries and the varying degrees of their needs and of the social progress they have achieved, the programme proposes a three-pronged strategy: country-specific interventions to support holistic reproductive health services for category "A" countries (Kiribati, Western Samoa, Solomon Islands, Tuvalu and Vanuatu) and for two other countries with severe population problems (the Marshall Islands and the Federated States of Micronesia); a reproductive health subregional component to address cross-cutting issues and to

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[1] Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Western Samoa.

carry out initiatives where economies of scale can be realized; and macro-level advocacy activities that would include limited interventions in key areas of population and development strategies. The overall programme strategy will emphasize adding value and bridging existing gaps by dove-tailing joint interventions with other United Nations agencies and organizations and regional technical institutions. While utilizing the regional and national expertise that is already available, the programme will also include efforts to build national and regional capacities. Fiji will be used as a center for South-South exchange of knowledge and experience. Countries not listed under UNFPA's resource allocation approach will benefit from technical advisory services, subregional undertakings and from the provision of contraceptive supplies.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The Pacific Island countries face daunting development challenges. The combination of unfavourable trade balances and narrowly-based, slow-growing national economies have placed unprecedented demands on these countries. The high rate of population growth in several of the Pacific Island countries, along with rapid urbanization and environmental degradation have posed serious threats to sustainable development, particularly in the Micronesian and Melanesian countries, with the exception of Fiji. External aid -- the primary source of development financing -- has been declining in recent years. Against this backdrop, Pacific Island countries find themselves in the midst of economic reform and adjustment difficulties.

7. In the Solomon Islands and Vanuatu, social indicators are poor -- low adult literacy and per capita incomes, lack of access to safe drinking water, high maternal mortality and reproductive morbidity. Although most of the population reportedly has access to basic health service, reproductive health services are largely inaccessible to inhabitants of the outer islands and in the interiors of larger islands, as well as to youth and adolescents. Overall, the pattern of expenditures in the Pacific Island countries emphasize tertiary and curative health. While over 70 per cent of deliveries in Pacific Island countries are reportedly attended by trained health personnel, the levels of maternal mortality, especially in the Melanesian countries, would indicate there are great skill gaps among attending personnel.

Demographic trends

8. In keeping with the cultural, linguistic and economic diversity of the subregion, the demographic landscape of the Pacific Island countries features tremendous variety. While Fiji has relatively low fertility and mortality rates, the Marshall Islands, Solomon Islands and Vanuatu have some of the highest net population growth rates in the world. According to a 1995 projection by the South Pacific Commission, the population size in the majority of the countries will have grown by 25 per cent and, in some cases, by over 50 per cent by the year 2010. On the other hand, international out-migration has led to lower and even negative growth rates in some of the Polynesian countries despite natural growth rates of between 2.6 and 3 per cent. Since international migration is mostly by the better educated and more highly skilled, it adversely affects national capabilities.

9. With an increasing urbanization rate, one-third of the population of the Cook Islands, Fiji, Kiribati, the Marshall Islands, Nauru, Tonga and Tuvalu now live in urban areas. The capital cities of the Marshall Islands, Vanuatu and the Solomon Islands are growing annually by 10, 12 and 10 per cent, respectively. As a result, rural areas are losing their human capital, while urban areas are finding it difficult to meet the education, employment and housing demands generated by rapid urban growth. Squatter settlements, unemployment, under-employment, crime and female-headed households are becoming increasingly evident, particularly in Fiji, Kiribati and the Marshall Islands. With the exception of the Marshall Islands (which already has a population policy and associated plan of action), most of the Pacific Island countries are either reviewing or are in the process of drafting population policies.

10. The roles and needs of Pacific women vary widely between countries. As part of the overall progress made in the Pacific Island countries, women's access to education, health care and the labour market has improved, particularly in Fiji, Tonga and Western Samoa. The majority of women in most of the subregion, however, face a number of common issues and concerns, including their lack of access to adequate health care, higher education and employment opportunities. There is a disparity in male-female enrolments in tertiary training in, for example, Vanuatu and the Solomon Islands, where women have a post-secondary enrolment of only 7 per cent and 23 per cent, respectively. Reported cases of domestic violence and rape are on the rise throughout the subregion. Moreover, sociocultural traditions still inhibit women's advancement by defining fertility behaviour and limiting access to reproductive health services. Although most of the constitutions of the Pacific Island countries promote freedom from discrimination based on gender, customary laws, attitudes and practices sometimes interfere with their application.

11. The health status of women varies throughout the region and between urban and rural communities. The Melanesian group (again with the exception of Fiji) experiences some of the highest rates of maternal morbidity, particularly ante-, intra- and post-partum haemorrhage and puerperal sepsis. Furthermore, the number of officially reported cases of HIV/AIDS is on the rise, particularly among the 20-35 age group. HIV infection has been reported in most of the Pacific

Island countries included in the proposed programme, with the highest number being in Fiji. HIV/AIDS cases appear, however, to be under-reported.

12 . Over 35 per cent of the region's population is under 15 years of age – 40 per cent for the Melanesian group. The median age of two-thirds of the Pacific Island countries is less than 20 years. High teen-age pregnancy rates are prevalent in almost all the countries. According to a health sector review for the years 1990-1994, teen-age pregnancies accounted for 15 per cent of all pregnancies. Reproductive health services are often inaccessible to youth and adolescents. The sociocultural context has made it difficult to deliver family planning information and services to this vulnerable segment of the population. Lack of confidentiality, limited knowledge and the threatening nature of many of the established institutions have adversely affected family planning acceptance by adolescents.

Previous UNFPA assistance

13. UNFPA has been supporting the Pacific Island countries through various projects since the early 1970s. The first comprehensive population programme was approved for the period 1992-1996 in the amount of $12.5 million. During the period of the first country programme, multi-bilateral funding was provided by the Australian Agency for International Development (AusAID) in the amount of $1.7 million. The first programme comprised several country-level and four regional-level projects. By the end of 1996, approximately $13 million had been expended. The multi-bilateral funding from AusAID supported, among other things, maternal and child health and family planning (MCH/FP) projects in priority countries and a regional project on population and environment that aimed at incorporating population dimensions in environment-related training and awareness-raising activities in 12 Pacific Island countries. The UNFPA programme was extended through 1997 with additional funding of $3.1 million, which brought the overall total of the first cycle to $15.6 million. The activities undertaken during the programme extension in 1997 were designed to pave the way for the proposed programme, including carrying out preparatory work for research on women's health needs, patterns of morbidity and adolescent fertility. Other activities have included information, education and communication (IEC) and advocacy strategy formulation and regional-level training.

14 . UNFPA's first programme of assistance contributed to the institutionalization of population studies in the University of the South Pacific, the integration of MCH/FP into various ministries of health and the institutionalization of population education in the College of Micronesia as well as in secondary schools in Fiji and the Marshall Islands. It also contributed to reducing fertility in the subregion and to a modest increase in contraceptive prevalence rates (CPR). Moreover, the programme supported training of a wide range of health professionals and enhanced population dialogue and policy reviews in all of the priority countries. Follow-up initiatives to the ICPD have triggered plans for the establishment of population committees in eight Pacific Island countries.

15. Although accurate assessment of reproductive health conditions in the Pacific Island countries is hampered by a paucity of data on health conditions, various sectoral reviews and WHO assessments have shown that there are high fertility and reproductive morbidity rates in most of the countries as well as high maternal mortality rates, especially in the Melanesian countries. Despite the integration of MCH/FP into primary health care services, access to reproductive health care is limited, especially in the outer islands, and there are considerable unmet needs throughout the region. The PRSD mission thus recommended that stress be given to developing skills in reproductive health service delivery; expanding the accessibility of services, including to adolescents; promoting reproductive health policy development; and assisting in providing a constellation of services.

16. The 1997 PRSD mission concluded that past IEC efforts have been hampered by the multiplicity of languages and cultures in the subregion. Community participation in population programmes, and particularly in family planning, has been low and misconceptions abound. The absence of culturally appropriate IEC approaches has severely limited effective utilization of reproductive health programmes. There is little sociocultural or empirical anthropological information that could be used for effective IEC. Ignorance about the risks associated with unprotected sexual activity and its consequences are widespread among youth. Moreover, male participation in family planning is very low, with the exception of Kiribati.

17. The PRSD exercise concluded that the implication of population issues for development and their relevance to family and individual well-being is not widely understood in the region. Some NGOs have been active in the promotion of selected ICPD recommendations, particularly those pertaining to gender equality and the empowerment of women. Despite such efforts, awareness of the ICPD Programme of Action is very limited, and there is little media coverage of population issues, which is also reflected in the low priority sometimes accorded population and reproductive health issues in political decision-making bodies.

18. UNFPA has been supporting population-related activities in the Pacific Island countries for nearly 20 years and has built up a large store of trust and experience. The Fund is the major multilateral donor supporting population programmes in the subregion. This is particularly so for reproductive health care and related advocacy activities. It is also worth noting that UNFPA is essentially the sole provider of a wide range of contraceptive supplies. UNFPA has also taken the lead in helping to extend reproductive health services to youth and adolescents.

Other external assistance

19. Other than UNFPA, support for reproductive health activities comes mainly from AusAID, New Zealand, UNICEF and the International Planned Parenthood Federation (IPPF). UNICEF's involvement in reproductive health has been mainly in awareness-raising activities and the promotion of breast-feeding. AusAID has been supporting ministries of health in upgrading family planning clinics; its assistance in the area of health and family planning reached almost $20 million in 1995-

1996. AusAID has been supporting a population and demography project executed by the South Pacific Commission and is expected to provide $1.4 million for this for three years, beginning in 1998. Moreover, AusAID is collaborating with Japan on a major health promotion project in Fiji. AusAID is reviewing with New Zealand areas of future focus and the best mechanisms for channeling aid.

20. UNFPA and other donor assistance to the population and reproductive health sector has shown that the participation of NGOs, religious leaders, community groups and trained middle-level health professionals are all critical for ensuring social acceptance of family planning and other reproductive health services. Also, operationalization of reproductive health services requires effective referral systems at the primary health care level along with multi-functional health professionals working at secondary levels of health care. Another lesson learned is that small and numerous projects, although worthy in themselves, do not usually have much impact over time. Moreover, a multiplicity of projects renders monitoring and follow-up difficult and burdens government administrations that are already stretched by the demands on their time and resources.

Proposed programme

21. Given the tremendous diversity of countries in the subregion, the programme proposes country-specific reproductive health interventions for category "A" countries as well as for the Federated States of Micronesia (the only country in category "B") and for the Marshall Islands, which is experiencing severe population-related problems. Considering the relative progress achieved in Fiji and the capacity of its regional training institutions, e.g., the University of the South Pacific and the Regional Nursing School, Fiji would be used as learning centre for South-South cooperation activities, and the programme will help to strengthen the capacities of the regional institutions located there. Key issues in the remainder of the countries will be addressed through interventions to be undertaken at the subregional level and through technical assistance and the provision of contraceptives. At the subregional level, the programme will support training through the regional institutions, activities warranted by economies of scale such as IEC material development, and advocacy for population issues and programmes.

22. The programme focus will be on the reduction of reproductive morbidity and adolescent fertility and on the high rate of maternal mortality in Melanesian countries. These objectives will be achieved by building national capacities for the delivery of quality reproductive health care services, including related IEC and awareness-raising activities. The advocacy subprogramme will concentrate on public education, information dissemination and on population leadership building at various levels. Furthermore, within the framework of population and development strategies, the programme proposes to strengthen the health database, undertake sociocultural research to determine the unmet needs and determinants of family planning acceptance as well as to promote the formulation and review of population policies. The latter will be supported mainly through technical advisory services. The programme will adopt a holistic and pragmatic approach that builds on what already

exists. Approximately 86 per cent of the proposed funds would be for reproductive health activities, 4 per cent for population and development strategies, 6 per cent for advocacy and 4 per cent for programme coordination and assistance.

23. Reproductive health. Given the number of countries covered by the proposed programme and the varying degrees of needs and priorities, undertakings in reproductive health care will have a two-track strategy. A subregional reproductive health component will address cross-cutting issues and those warranted by economies of scale. Such issues include research; assessment of unmet needs, and levels and trends of reproductive morbidity; certificate and diploma-level training; and training in the management of service quality and in family planning technology. Country-level activities for those countries mentioned in paragraph 20 above will vary. The priorities at the central level will emphasize skills development for emergency obstetric care and building management and technical capacity. In the larger outer islands, emphasis will be on skill development of midwives in labour and safe delivery and for prenatal and post-partum care. The programme will actively promote functional integration of reproductive health services into the primary health care system through training of key multi-skilled personnel and will also work to strengthen referral systems.

24. The countries that are not classified in the resource allocation system will be supported through the subregional component of the reproductive health subprogramme. In addition, selected support would be given to address reproductive health needs in selected segments of the rural population. In both the country-specific and subregional reproductive health components, increasing emphasis will be given to promoting a life-cycle approach, generating demand for family planning services and providing a full range of contraceptives. They will also emphasize client education and the provision of client-centred, gender-sensitive services. Performance indicators and quality monitoring mechanisms will be established and intensive advocacy for reproductive health service utilization would be actively pursued.

25. In order to address women's health issues, the subregional reproductive health component will encourage the development of culturally appropriate IEC materials and the development of an IEC and advocacy strategy for gender issues. The country-specific interventions will promote community-based training in human reproduction, sexuality and family planning and the effective involvement of NGOs in a wide range of IEC and reproductive health advocacy activities. They will also promote peer counseling and interactive communication approaches for adolescents, youth and men in non-threatening settings. Moreover, specific efforts will be deployed to provide youth and women with technical and research information to enhance informed decision-making.

26. Advocacy. Concerted advocacy efforts are needed to promote incremental implementation of the Programme of Action of the ICPD. The advocacy subprogramme will therefore aim at working with Governments to increase awareness of population issues among community, local government, and legislative decision-makers. It will support this through information dissemination and public education in population and development issues. In collaboration with other United

Nations agencies and organizations, the programme will utilize traditional and modern communications media to promote awareness of the value of gender equity, equality and the empowerment of women. If multi-bilateral funding becomes available, a portion will be used to incorporate a population and environment theme in the advocacy components of the proposed programme.

27. Population and development strategies. The strengthening of reproductive health services in the Pacific Island countries needs to be backed by integrated population and development planning that takes into account population dynamics in the region and the demand for health services that it generates. UNFPA will complement AusAID's continued support for a population and demography project that will be executed by the South Pacific Commission. UNFPA support in the area of population and development strategies will focus on activities that will contribute to the overall reproductive health goals of the programme, such as sociocultural research and training for the integration of population into development planning. Given that some of the countries will be conducting population censuses in the year 2000, UNFPA will provide technical advisory support that will help establish a common census questionnaire for the priority countries.

Programme implementation, management, monitoring and evaluation

28. The programme components will have built-in evaluation mechanisms. A regional monitoring mechanism will be developed to assess progress in the implementation of ICPD goals. A technical review of the reproductive health components focusing on qualitative improvements will be undertaken in April 1999, and a mid-term programme review is envisaged for the year 2000. The measurements of service quality will not only be from a medical perspective but will also seek to determine how well the reproductive health services being supported reflect gender sensitivity, confidentiality, and client privacy and dignity. The criteria for judging effectiveness will include the evidence of effective coverage; the extent to which reproductive health service delivery points are created for youth and the number of existing services that become youth-friendly; and the extent to which women's needs and perception are incorporated into the services. To this end, the programme will support follow-up surveys on women's health needs, which will include their perception of existing services, and on adolescent fertility. This will be followed by another survey to assess programme impact, including the percentage decrease of teen-age pregnancy. Joint assessments and evaluations with other United Nations agencies and organizations will be actively promoted. UNFPA will also provide technical inputs to enable national bodies to oversee, coordinate and monitor their own population and development programmes.

29. The primary responsibility for programme coordination will rest with the Governments of Pacific Island countries. UNFPA will collaborate with other United Nations agencies and regional organizations in order to strengthen coordination of their respective programmes. In this connection, dialogue has been initiated among the United Nations agencies in the Pacific to make available, under

the Resident Coordinator, a common socio-economic database, including health and population data, by the year 2001. Through the already established inter-agency theme group, joint follow-ups to the prevention of HIV/AIDS would be undertaken. To the extent possible, cross-cutting issues such as advocacy for policy coordination, gender equity, youth development and environmental protection will be jointly promoted with other United Nations partners. UNFPA will work with UNICEF in community health promotion, advocacy for youth and women and selected training in reproductive health areas. UNIFEM will be closely involved in UNFPA's efforts in mainstreaming women's concerns; joint action will be undertaken, for example, in case studies on the causes and consequences of domestic violence.

30. UNFPA will step up efforts for promoting and enabling national execution of programme activities. The World Health Organization (WHO) will continue to assist in the execution of parts of the reproductive health subprogramme along with such international NGOs as Family Health Initiatives (Canberra), Family Planning International (New Zealand), the International Council on the Management of Population Programmes and the IPPF. Regional institutions, such as the Fiji School of Medicine and the Regional Nursing School, will be involved. UNFPA will collaborate with new NGO partners such as "Youth to Youth" in the Marshall Islands, the Development Trust in Solomon Islands and women's NGOs in Fiji, Solomon Islands and Vanuatu. United Nations specialized agencies, the University of South Pacific, the South Pacific Commission, and additional international and national NGOs will participate, as appropriate, in the overall implementation of the programme.

31. The proposed programme will be managed by the UNFPA Representative who is assisted by two national programme officers, two national programme assistants and three support staff. The regional office covers 14 countries and programme monitoring is one of its essential tasks. In order to facilitate effective monitoring and to address the need for having regular feedback and periodic reporting, UNFPA has initiated dialogue with authorities in priority countries to put in place national programme coordinators within appropriate ministries.

Recommendation

32. The Executive Director recommends that the Executive Board approve the subregional programme of assistance to the Pacific Island countries, as presented, in the amount of $10 million over the period 1998-2001, $7.2 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2.8 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.